

INDIANA WING, CIVIL AIR PATROL

Request for SET Authorizations

Name:	Grade:	CAP ID:
Unit Name:	Unit Position:	Unit Number:

I request authorization as a Skills Examiner for the following qualifications:

<input type="checkbox"/>	INCIDENT COMMANDER	<input type="checkbox"/>	URBAN DF TEAM
<input type="checkbox"/>	AGENCY LIASON	<input type="checkbox"/>	INFORMATION OFFICER
<input type="checkbox"/>	OPERATIONS SECTION CHIEF	<input type="checkbox"/>	FLIGHT LINE SUPERVISOR
<input type="checkbox"/>	PLANNING SECTION CHIEF	<input type="checkbox"/>	FLIGHT LINE MARSHALLER
<input type="checkbox"/>	LOGISTICS SECTION CHIEF	<input type="checkbox"/>	COMMUNICATION UNIT LEADER
<input type="checkbox"/>	FINANCE/ADMIN SECTION CHIEF	<input type="checkbox"/>	MISSION RADIO OPERATOR
<input type="checkbox"/>	AIR OPERATION BRANCH DIRECTOR	<input type="checkbox"/>	MISSION SAFETY OFFICER
<input type="checkbox"/>	GROUND BRANCH DIRECTOR	<input type="checkbox"/>	LIASON OFFICER
<input type="checkbox"/>	SAR/DR MISSION PILOT	<input type="checkbox"/>	MISSION CHAPLIN
<input type="checkbox"/>	MISSION OBSERVER	<input type="checkbox"/>	MISSION STAFF ASSISTANT
<input type="checkbox"/>	MISSION SCANNER	<input type="checkbox"/>	TECHNICAL SPECIALIST:
<input type="checkbox"/>	GROUND TEAM LEADER		
<input type="checkbox"/>	GROUND TEAM MEMBER		

A copy of the applicant's 101 Card and completion of SET Training is required with this application.

Signature of Applicant Date

Signature of Unit Commander Date

This request supercedes any previous request for this individual.

FOR ES SECTION USE ONLY

Date Issued:

Expired Date:

Director of Emergency Services

All Approved

None Approved

Partial Approved
(items marked)

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